



AUG 28 2003

RCE/3765

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Yencho, Stephen; et. al.
Assignee: Cardica, Inc.
Title: Implantable Superelastic Anastomosis Device
Serial No.: 09/687,216 Filing Date: October 12, 2000
Examiner: Ismael Izaguirre Group Art Unit: 3765
Docket No.: 032405-018

RECEIVED

August 28, 2003

SEP 04 2003

Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

TECHNOLOGY CENTER R3700

REQUEST FOR CONTINUED EXAMINATION (RCE)


Dear Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. The RCE fee required under 37 C.F.R. § 1.17(e) is authorized in an accompanying transmittal letter. Please consider the Information Disclosure Statement submitted with this request.

Please contact the undersigned attorney with any questions.

EXPRESS MAIL LABEL NO.
EV302958314US

Respectfully submitted,


Brian A. Schar
Attorney for Applicant(s)
Reg. No. 45,076
(650) 364-9975 x162

09/02/2003 NBERHE 00000087 09687216
01 FC:2801 375.00 DP

Match and Return



August 28, 2003

Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Re: Applicant(s): Yencho, Stephen; et. al.
Assignee: Cardica, Inc.
Title: Implantable Superelastic Anastomosis Device
Serial No.: 09/687,216
Examiner: Ismael Izaguirre
Docket No.: 032405-018

Filed: October 12, 2000
Group Art Unit: 3765

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) This Transmittal Letter;
- (2) Request for Continued Examination;
- (3) Information Disclosure Statement;
- (4) Form PTO-1449 and 1 listed reference;
- (5) Check no. 8111 in the amount of \$375.00; and
- (6) Return postcard.

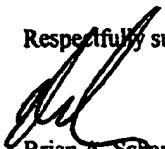
- ☐ No additional fee is required.
☒ The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining <u>After Amendment</u>		Highest No. Previously <u>Paid For</u>		Present <u>Extra</u>	<u>Rate</u>	Additional <u>Fee</u>
Basic RCE fee							\$375.00
Total Claims	21	Minus	21	=	0	x \$9	\$ 0.00
Independent Claims	4	Minus	4	=	0	x \$42	\$ 0.00
<input type="checkbox"/> Fee of _____ for the first filing of one or more multiple dependent claims per application							\$
<input type="checkbox"/> Fee for recordation of change of name under 37 CFR 1.21(h)							\$ 40.00
<u>Total additional fee for this Amendment:</u>							\$ 0.00
<input checked="" type="checkbox"/> Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested.							
<input type="checkbox"/> Please charge our Deposit Account No. 502108 in the amount of							\$ 0.00
<input checked="" type="checkbox"/> Please charge any additional fees required and credit any overpayment to our Deposit Account No. 502108.							
Total:							\$ 375.00

Express Mail Label No.
EV302958314US

Respectfully submitted,


Brian A. Schar
Attorney for Applicant(s)
Reg. No. 45,076

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